## Regional Interagency Coordinating Committee (RICC)

Meeting Minutes August 1, 2005

#### <u>12:00 – 12:30 New Business</u>

#### Introductions

Recommend new members (Lisa Nauman - Parent and Judy Bender - Early Interventionist to replace Darcy Hopfauf's place) Recommendation of Darcy Hopfauf staying on the RICC with the position as Preschool Representative. A motion was made by Patty Bell to accept these new members and/or their new positions. The motion was seconded by Shonda Wild.

Members present: Missi Baranko, Dawn Weber, Lisa Nauman, Wanda Schweiger, Shonda Wild, Patty Bell, Gilda Lubinski, Darcy Hopfauf, Joyce Dobitz, Bernie Young Bird, Tammy Brumfield, Jill Staudinger, and Peg Crane

Reimbursement Forms were handed out to all eligible members.

### Training Information

State Parent Leadership Institute - Missi gave an update on the State Parent Leadership Institute she attended in San Francisco. She explained that part of the commitment for the team going was to come back to ND and plan an activity/event for parents involved in ICC/RICC/Leadership roles. Currently she is working with the team that attended this institute and they are tentatively planning a weekend event for January. She will get more info to members when she knows more information.

Sensory Integration Workshop - The Sensory Integration Workshop will be held on August 11<sup>th</sup> and 12<sup>th</sup>. The group reviewed who was registered and reminded everyone to get their registration forms in, if they haven't already done so.

### K.I.D.S. Program Update

Staffing Update - As of today KIDS program is fully staffed. Jill talked about the possibility of two new contract staff members (Amy Baker and Chris Larsen). Both are interested in doing contract work with the KIDS program.

Numbers Update - Currently they have 78 families enrolled.

### Right Track Program Update

Numbers Screened - see Quality Improvement Plan area "Childfind" for the updated numbers.

Staffing Update - Right Track recently added more screeners. Many of these screeners are located in the outlying rural areas, which will hopefully help to increase the number of children screened in our rural areas.

The screeners that were added are: Chris Larsen (Twin Buttes, Killdeer area). Deb Schweitzer (foster

The screeners that were added are: Chris Larsen (Twin Buttes, Killdeer area), Deb Schweitzer (foster children and to be used for back up screens), Kristine Moorman (Dickinson area), Ria Eaton (Bowman area), Lisa Clayton (Hettinger area).

Patty is currently working on data that will allow her to report the number of children in each county under the age of three and how many of these children are being screened by Right Track.

### RICC Parent Subcommittee Update

We met on July 12<sup>th</sup> to discuss the QIP and Agenda. At this time we also put together the new intake binders. Missi forgot to bring the binders to show the committee, she will bring them to the November meeting for the committee to review.

### Experienced Parent Update

Summer Activities

Upcoming Activities (playgroups, family night out and education trainings)

September - Navigating Health Care (Family Voices)

October - Transition Info Night and Sign Language class

November - none

December - none

January - Advocacy Night

#### Questionnaires

The annual, exit and initial questionnaires have been compiled for the year. The info and data is available to all RICC members. Please contact Missi if you would like to see this info. As needed, the results have been inserted throughout the QIP/agenda.

Bernie Young Bird presented information regarding the CHILD program. Bernie discussed the difficulty of being part of 3 RICC's (Minot, Williston, and Dickinson). She said that they are trying to get to as many of the RICC meetings as possible. She discussed the staff that work with the CHILD program - right now they have two Education Technicians. She said that they currently use the Denver for screening. They also do a mass screening in March of each year. Kimm Sickler has helped with this in the past. She said that the CHILD program is for children birth - 5 years of age. She also talked a little about the parent resource center and the mobile unit that they take out into the communities. She passed around CHILD program brochures as well as information regarding the monitoring process they will soon be following.

### 12:30-2:30 Quality Improvement Plan

Target Area: Childfind/Public Awareness

Updated Data:

Average Age of referral is 15.31 months (7/04-6/05)

## Eligibility Criteria

(7/1/04-6/30/05)

25/2	41	41.41%
50	0	0.00%
Informed Clinical Opinion	5	5.05%
High		
Risk	1	1.01%
Not eligible	7	7.07%
Not interested	21	21.21%
Automatic	8	8.08%
Referred to Right Track	9	9.09%
Referred to Health Track	1	1.01%
No Response	6	6.06%
	99	100.00%

Jill thought that there was one child who entered the program with a 50% delay in one area – Missi will check on that information and make the necessary changes in data if needed.

## Referral Source

(7/1/04-6/05)

Right Track	46	41.44%
CAPTA	11	9.91%
St. Alexius	2	1.80%
Medcenter One	1	0.90%
Physician	22	19.82%
Interventionist	3	2.70%
Parent	7	6.31%

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County
                                         4.50%
Friend/Relative
                                   1
                                         0.90%
Babyface
                                   2
                                         1.80%
Health Track
                                   8
                                         7.21%
Rehab
                                         1.80%
West River SS
                                         0.90%
Other Program
                                         0.90%
                                 111 100.00%
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A suggestion was made to cross reference the referral sources with the age of referral. This will be done for the November RICC meeting.

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Right Track Screenings
      January 05: 107 screenings (4 referrals)
      February 05: 83 screenings (5 referrals)
      March 05: 108 screenings (3 referrals)
      April 05: 87 screenings (5 referrals)
            Adams - 3
            Billings - 1
            Bowman - 1
            Dunn - 4
            Hettinger - 6
            Stark - 72
      May 05: 79 Screenings (2 referrals)
            Adams - 3
            Bowman - 2
            Dunn - 2
            Hettinger - 2
            Stark - 70
      June 05: 86 Screenings (1 referral)
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Adams - 1
Bowman - 1
Dunn - 4
Golden Valley - 2
Hettinger - 1
Stark - 77
July 05:

## Concern: Earlier Identification (currently average age of referral in Region VIII is 15.31 months) Right Track effectiveness is measured by average age of referral decreasing.

1C	Educate physicians on the	KIDS	9/05	Right Track and KIDS will	12/05
	benefits of early referrals.	DDCM		receive more referrals from	
		RICC Members		physicians.	
		Experienced			
		Parent			

- Set up dates and schedule people to attend physician meetings to give presentations.
- Develop basic agenda for presentation.
- Dr. Oksa is Chief of Medical Staff.
- Jill, Kimm, and Merrill will work on setting up a time during a medical staff meeting.
- Make sure to include Bowman and Hettinger Staff
- Have Right Track releases/brochures presented at OB check and 2 week baby check up.
- Give Right Track presentation to BabyKind Staff (and brochures)
- Make sure that outlying counties are receiving the same information.
- Merrill will schedule this meeting need to check with Merrill at next meeting.

1E	Run Public Service	RICC Coordinator	7/31/04	Right Track and KIDS will	7/1/04 -
	Announcements containing	RICC Committee	Ongoing	receive more self-referrals	Roughrider
	information on all areas of	Members		from parents and family	Reports
	development.	KIDS		members of children.	8/1/04 -
		Cebe - Roughrider			Health Talk
		Report, Health			
		Talk			

- The Roughrider reports have been scheduled and are beginning to run.
- Put together "red flag" development to include in a public service announcement.
- Schedule subcommittee meeting to put this together.
- Health talks have been scheduled and are running.
- Missi will check with Cebe to see if all of the Roughrider Reports have run and if we can rerun any of them.
- The Roughrider Reports have been running and will continue to run throughout the next few months.

1F	Provide Norm Reference Materials (create poster/flyer) to all Child Care Facilities, Churches, Doctor's Offices, WIC, etc.	KIDS RICC Coordinator RICC Committee Members (Denise S., Jessica K., Nichole T.,) Early Head Start (Cheryl) West River Special Service (Robin) Funding: Part B	Development - 9/30/04	Right Track and KIDS will receive more referrals from parents, child care providers, physicians, and family members of children.	<b>X</b> 2/06
		* *			

- Distribute posters from the State (when we receive them).
- Produce simple flyer/brochure with developmental age appropriates.
- Set up subcommittee to go over previous developmental age appropriates.
- The brochures have been made and are currently being distributed by KIDS and Right Track.
- Begin providing brochures to all Family Physicians and Pediatricians for them to hand out at Well Child Visits. Missi suggested that they be handed out at all visits done by 0-3 year olds.
- It was also suggested that the brochures be handed out to all county health nurses.
- Missi will contact the administrators at Great Plains Clinic and Dickinson Clinics.
- A presentation has been scheduled for the nurses at the Dickinson Clinic on May 18<sup>th</sup> at 6:00 p.m. This presentation will include information on the Right Track program, the KIDS program, and presenting the Developmental Age Appropriate brochures. The presentation will include a request that these brochures be handed out at all visits that involve children ages 0-3 years old.
- It was suggested that "FREE Screenings" be added to the back of the brochures so that families realize that this is a free service.
- Presentations have been made to both Dickinson Clinic and Great Plains Clinic nurses.
- Make sure to include Bowman and Hettinger Staff (Shannon Bowman is in Bowman) (Lisa Clayton is in Hettinger)
- It was noted that some members have visited the clinics in the past month with their children and have not received a Age Appropriate Brochure. Missi will call the clinics to make sure that they have enough brochures and that they are handing them out.
- It was suggested to make sure to also include St. Joseph's outreach clinics

WIC was another suggested place to hand out brochures.

# Concern: There are children who are receiving and/or referred direct therapy that are not referred for Early Intervention.

1G	Provide outpatient therapy	KIDS, RICC	9/05	Right Track and KIDS will	2/06	l
	agencies with information	Coordinator		receive referrals from		l
	regarding Right Rack and Early			direct therapy service		l
	Intervention Services			providers.		l

- Need to visit with Outpatient therapy and staff.
- Make sure to include SW Physical Therapy.
- Provide Developmental Brochures to all Outpatient Therapy Services. Missi delivered this in April 05
- Provide in-service training to therapy clinics
- Jill will set a date to provide this in service training

# Concern: Community does not understand the importance of recognizing speech and language delays at an early age.

11	Educate the community	Parents, KIDS	12/31/04	KIDS and Right Track will	9/13/04 -
	(physicians, staff, providers,	Staff, Speech and		receive more speech and	training at the
	families, childcare providers	Language		language referrals at an	Wellness
	etc.) by providing more training	Pathologists, Right		earlier age.	Center. Merrill
	on the importance of	Tracks, Health			will be
	recognizing speech and language	Tracks, Medical			presenting
	delays at an early age.	community			information on
		Part C			Speech/Langua
					ge Development

- Set up different trainings/educations on speech and language.
- Set up a Health Talk presentation on Speech/Language development.
- Kimm gave information regarding the Denver Screening Program. Currently the state is looking at another screening tool. Kimm will update the committee at the August meeting regarding the new screening tool.
- One of the members suggested leaving Right Track brochures at the pharmacies. Kimm is going to look into this.

Right Track is out of brochures. The state is supposed to be printing more. When they get more brochures they will be taking them out to different agencies/community places.

# Concern: Percentage of children involved in Early Intervention is generally smaller in special populations and rural areas.

1K	Get birth data for each county	RICC Coordinator	11/1/04	Percent of referrals in rural	2/06
	to cross reference the children	Right Track		areas will increase.	
	that are being screened and the	KIDS			
	children that are being				
	referred.				

- Query number of births in outlying area in relation to number of children screened.
- Present graph to the committee to review.
- Right Track is currently working on gathering the screening data for each region. This data will be cross referenced with birth data to come up with an accurate percentage of children being screened in each county.
- A suggestion as made that Patty contact Child Care Resource and Referral and put a "blurb" in their newsletter regarding Right Track Screenings. This would hopefully get the Right Track information to the rural daycare providers.

### Concern:

ACTION STEP	RESOURCES	TIMELINE

Target Area: EI Services in Natural Environments

Data:

January – June Home Visit Data

TOTALS	TOTALS	%
V = VISIT MADE	966	59.67%
E = EVAL	11	0.68%
C = CONSULT	4	1.30%
M = MEETING	95	5.87%
TOTALS	1076	67.51%
H = HOLIDAY	21	0.25%
W = WEATHER	16	0.99%
NC = NO CONTACT	25	1.54%
NS = NO SHOW	12	0.74%
F1 = FAMILY ILL	84	5.19%
F2 = FAMILY VACATION	34	2.10%
F3 = FAMILY - SCHEDULE CONFLICT	39	2.41%
F4 = FAMILY NO REASON GIVEN	26	1.61%

F5 = FAMILY MISC	116	7.16%
I1 = INTERVENTIONIST ILL	100	6.18%
I2 = INTERVENTIONIST VACATION	14	0.86%
I3 = INTERVENTIONIST SCHEDULE CONFLICT	33	2.04%
I4 = INTERVENTIONIST MEETING - NOT WITH		
FAMILY	10	0.62%
I5 = INTERVENTIONIST TRAINING	13	0.80%
Totals	543	32.49%

A suggestion for the next meeting was to leave the Home Visit data broken down into quarters of the year and then at the end of one full year, also include the years average.

#### As of 6/05

Amount: 77 total, 75.5 Actual Seen, 73.5 billable

1 time per month: 0 2 times per month: 7 1 time per week: 68 2 times per week: 2

Location: Many locations are offered (daycare, home, park, etc)

Times: Visits occur at optimal times for families and their child at their choice of time.

### Concern: Percentage of completed home visits is less than 70%. The reasons are not currently collected.

2F	Break down data will be	KIDS	1/1/05	Families will be having more	
	provided to more accurately			visits. We will be more	-
	determine reasons for visits not			aware of the reasons visits	
	being completed.			are canceled	

- Data is currently being broken down and recorded.
- Since KIDS is now fully staffed (as of August 1), we are hoping that the percentage will go up.

2G	Add the following question to	KIDS	1/1/05	Families will be having more	
	the annual questionnaire: When			visits. We will be more	X
	a visit needs to be canceled, are			aware of the reasons visits	
	you offered another time/date?			are canceled	

- The question has been added.
- The Annual Questionnaire will be given in May 2005. The results of the question were: (42 Yes, 6 No, 2 Sometimes)

### Concern: Natural Environments are not always listed in the IFSP.

2H	Improve the Family Assessment	KIDS Staff	5/1/05	The IFSP will contain more		
	that is used to obtain natural	Parents/Families		information regarding		
	environment information			natural environments. This		
	relating to each individual			information will be		
	family.			child/family specific.		

- The EI staff is currently working on this.
- The EI staff recently attended some training regarding including more Natural Environment information into the IFSP.
- The state is closely monitoring the IFSP plans. The staff is continuing to adapt and has been working hard on making the necessary changes to be in compliant with the rules and regulations.

Concern:

ACTION STEP	RESOURCES	TIMELINE

Target Area: Family - Centered System of Services

#### Data:

Average days from referral to IFSP completion (7/04-6/05)

47 days

3(0-25) 13(26-35) 12(36-45) 25(46-75) 2(75-100) 1(101-above)

Percent of children found eligible and had an IFSP developed within 45 days from date of referral (1/1/04-8/1/04) (84%)

(7/1/04-6/05) (50% had IFSP written within 45 days) (28 out of 56)

Concern: The intake process can seem unfamiliar and overwhelming.

3A	Refine intake process and	DDCM	5/31/04	We will meet federal	
	implement procedures to	EI		requirements of 45 days	
	minimize family intrusiveness	Video		from referral to IFSP while	
	and reduce time between	Age Appropriate		still being family friendly.	
	referral and service delivery by	Checklists		Families will also be provided	
	adding materials, resources and	Experienced		with family friendly material.	
	developmental age appropriates	Parent			
	to the Binder families receive				
	during the enrollment process.				

- Set up subcommittee to redo Developmental Age Appropriate Material.
- Include this new material in the binder that families receive at intake.
- Have the Experienced Parent contact all families after intake.

- Parent Subcommittee is reviewing the intake binders. Missi will be putting together a group of parents to work on the intake binders. We are hoping to have these completed by the end of June.
- A committee will be working on a referral policy. This policy will be implemented by July 1<sup>st</sup> and will be presented at the August 2005 RICC meeting.
- Discuss Enrollment Questionnaire all families said that they were happy with the enrollment process.
- Present New Intake Binder
- Present 45 day policy/timeline
- Order of Services within 45 days. The committee discussed the possibility of changing the order of services within the 45 days. This would include doing the evaluations first (either before or along with intake). This could possibly save us up to two weeks of time within the timeline. The committee discussed that the evaluations are really what families want and that this could possibly be more family friendly and cause our percentage of families who are not interested to go down. Peg made a motion to try a different order of services. Wanda seconded the motion. All were in favor.
- In September a group will get together to write the new policy regarding the above change.
- We will bring information to the next RICC meeting regarding how this new process is going.

Concern: Parents do not know how to advocate for their child.

3C	Provide training for parents on	Part C Monies,	8/31/04	Parents will be more aware	
	advocacy.	RICC Coordinator,		of their rights and the	_
		Parent		services that are available	
		Subcommittee,		for their child.	
		Experienced			
		Parent, Part B,			
		Protection and			
		Advocacy			

- Experienced Parent will complete an online advocacy course.
- Set up advocacy training in the region.
- Training is set up for January 06

Concern: Service Providers and community have a lack of understanding of Sensory Integration.

3D	Educate and provide the community opportunities on	Parent Resource Center (Stacy	October Meeting to	The community will have a better understanding on the	
	benefits on how Sensory Integration impacts daily life and experiences. Pair up Community Members with a panel of Providers at training.	Kilwein) IDEA Part C Part B DSU Extended Campus (Marty	discuss training opportunities	benefits and impact of sensory integration.	
	Incorporate Parents into the training.	Odermann Gardner) Nichole Tooz			

- RICC Members will be attending a Sensory Integration Seminar in Fargo in September. After the seminar, at the October meeting, we will discuss how we want to educate the community on Sensory Integration.
- A Sensory Subcommittee has been formed. The committee is currently working on providing a Sensory Integration conference in our community
- The conference date has been set for August 11<sup>th</sup> and 12<sup>th</sup> 2005.

THE FOLLOWING STEPS WERE ADDED DURING THIS MEETING:

Concern: Eligibility evaluations are missing certain components.

Use vision Screening Tools	EI Staff	8/1/05	All children will be screened with a vision screening tool	×
	L			-
All children who are under 12 months of age who failed the newborn hearing will be referred to an audiologist or the hospital to be re-screened. All children over 12 months of age will be referred to the Parent/Infant for the Deaf and Hard of Hearing Program.	EI Staff Parent/Infant for the Deaf and Hard of Hearing Program Staff	8/1/05	All children will have a hearing screening.	×
	ST 61 ((	C T: 1:	40.191. 901	
during evaluations	Carol Johnson	State limeline	social/emotional evaluation	
■ We are currently v	l vaiting for Carol John:	son to refer KIDS	to what tool to use to do this evo	l uluation.
Perform a Family Assessment interview during evaluations and/or Intake	EI Staff	8/1/05	All families will have participated in a Family Assessment	
	All children who are under 12 months of age who failed the newborn hearing will be referred to an audiologist or the hospital to be re-screened. All children over 12 months of age will be referred to the Parent/Infant for the Deaf and Hard of Hearing Program.  Use a Social/Emotional Tool during evaluations  We are currently we referred a Family Assessment interview during evaluations	All children who are under 12 months of age who failed the newborn hearing will be referred to an audiologist or the hospital to be re-screened. All children over 12 months of age will be referred to the Parent/Infant for the Deaf and Hard of Hearing Program.  Use a Social/Emotional Tool during evaluations  We are currently waiting for Carol Johns  Perform a Family Assessment interview during evaluations  EI Staff Carol Johnson  EI Staff Carol Johnson	All children who are under 12 months of age who failed the newborn hearing will be referred to an audiologist or the hospital to be re-screened. All children over 12 months of age will be referred to the Parent/Infant for the Deaf and Hard of Hearing Program.  Use a Social/Emotional Tool during evaluations  We are currently waiting for Carol Johnson to refer KIDS  Perform a Family Assessment interview during evaluations  EI Staff Carol Johnson to refer KIDS	All children who are under 12 months of age who failed the newborn hearing will be referred to an audiologist or the hospital to be re-screened. All children over 12 months of age will be referred to the Parent/Infant for the Deaf and Hard of Hearing Program.    State Timeline   All children will have a hearing screening.

KIDS Staff is currently doing this and it is going well.

ACTION STEP	RESOURCES	TIMELINE	

Target Area: Early Childhood Transition

Data:

Concern: Parents have not always understood the transition process, parental rights, and the support necessary to exercise those rights.

4A	Utilize State Transition Book	State	9/31/04	Parents will be more	
				informed about the	
				transition process.	

- With new possible federal regulations coming thru from IDEA, the transition book has been put on hold until those changes have been made. (staying in the program between the ages of 3-5)
- Jill will update on book she said that the planning of the book is in it's last stages. It will hopefully be printed very soon and distributed. Jill did not have an estimated date for printing.

Concern: Parents state that they are concerned about lack of programming for their children

4	4F	ECC Staff will contact	ECC	8/1/04	Families are supported and	
		transitioning families at least			informed of programming and	X
		once during the summer.			rights.	

• ECC staff were not in attendance at this meeting -we will bring up this concern/action step at the November meeting.

## Concern: Parents are not aware of the possible categories that their children may receive at the IEP.

4K	Inform parents of categories of	KIDS	10/05	Parents will be educated	
	eligibility at the 2-6 meetings.	ECC		about categories and that	
		West River Special		their child will be labeled.	
		Services,			
		Experienced			
		Parent			

- Set up meeting to discuss guidelines on how to present eligibility criteria for 619 services. Include parents, interventionists, ECC and WR staff and DD Case Management.
- Utilize the State Transition guidelines.

Missi will set up this meeting before the next RICC meeting in November.

# Concern: Eligibility for school age services and DD Case Management is not always determined by the 2-9 meeting.

4Q	Evaluations will be scheduled	KIDS	11/1/04	Families will be informed of	
	closer to the 2.6 meeting	ECC		eligibility by the 2-9	
	rather than the 2.9 meeting.	West River		meeting.	
		Multi district			
		Special Education			
		Unit			

- Summer Birthdays
- Guidelines have been developed between 619 services and part c containing transition guidelines.
- All plans have to be developed by the 2-9 meeting.
- We can start developing plans at the 2-3 meeting if needed.

4R	Work on scheduling difficulties	EI Staff	DD Case Management will be	
	so that DD case management	DD CM	at 2.6 and 2.9 meetings.	
	can attend 2.6 and 2.9			
	meetings.			

• DD Case Management had a new position at Badlands opened and filled. It is hopeful that this lowers their ration of clients served.

4S	Add step in transition plan that	EI Staff		
	reflects DD Case Management	DD CM		
	Eligibility			

This can be put anywhere in the plan.

Concern: Transition outcomes were not developed by the time a child turned 2 years old.

4T	Transition outcomes need to be developed at IFSP meeting prior to the child turning 2	EI Staff	8/1/05	Transition outcomes will be in IFSP before a child turns 2 years old.	
	years old.			,	

### Concern:

ACTION STEP	RESOURCES	TIMELINE

## 2:30-3:00 Old Business/Open Discussion

Dawn Weber gave information regarding the CHADD meetings.

Missi Baranko gave information regarding the possibility of a Sensory Integration Group.